



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
SUITE 1510 PARKWAY TOWERS
404 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0820
(615) 741-1346 • 1-800-342-1663 • FAX (615) 741-6101
www.CollegePaysTn.com

NED MCWHERTER SCHOLARS PROGRAM

Type or print in ink. All information including an official high school transcript must be received at TSAC by the **February 15** deadline in order to have your application considered. Applicants must have their official high school transcript with seven semesters and an official ACT or SAT test score. NOTE: This scholarship is only for high school seniors seeking full-time attendance at accredited Tennessee institutions. The awards are highly competitive and are subject to the availability of funding.

1. Name _____ 2. Social Security No. _____
Last First Middle

3. Date of Birth _____ 4. U.S. Citizen ____ Yes ____ No
Month Day Year

5. Permanent Address _____
Street City State Zip Code

6. Telephone Number (____) _____ 7. Are you a resident of the State of Tennessee? ____ Yes ____ No

8. Gender ____ Male ____ Female 9. Race (check one) ____ American Indian/Alaskan Native ____ Hispanic
____ Asian/Pacific Islander ____ White
____ Black
____ Other _____
Specify

10. County of Legal Residence _____ 11. Driver's License _____
State Number

12. E-Mail Address _____

COLLEGE OR UNIVERSITY INFORMATION

13. Institution I plan to attend _____
Name of College or University

College/University Street Address City State Zip Code

14. What is your anticipated major? _____

NOTE: You must ensure that an official notice of your test scores in #22 is **received by TSAC no later than February 15** showing that you achieved at least 29 on the ACT or 1280 on the SAT. Such notice must either be an official high school transcript or by the testing agency's notice.

PARENT OR GUARDIAN INFORMATION

15. Parent's or Guardian's Name _____

16. Relationship to Applicant _____

17. Address _____
Street City State Zip Code

18. Parent's Home Phone Number (____) _____ 19. Parent's Work Phone Number (____) _____

HIGH SCHOOL INFORMATION

20. Where will you receive your diploma? _____
Name of High School
- _____
- | | | | |
|---------------------|------|-------|----------|
| High School Address | City | State | Zip Code |
|---------------------|------|-------|----------|
21. When will you graduate from high school? _____
22. Official Test Score is ACT _____ SAT _____
23. Your unweighted Grade Point Average is _____ on a 4.0 Scale

NOTE: You must ensure that an official transcript showing your grades through the **seventh semester or fall semester** of your senior year is **received by TSAC no later than February 15** showing that you achieved at least an unweighted 3.5 Cumulative Grade Point Average on a 4.0 scale for your application to be considered.

Be sure to complete the attached Leadership Positions form. Do not send a resume.

CERTIFICATION BY THE APPLICANT

I understand that this application must be completed in full and received at TSAC by **February 15th** to be considered. I realize that it must be supported by an official copy of my high school transcript which will include the Fall semester of my senior year and my ACT or SAT score. I certify that I have read this application in full and it is accurate and complete to the best of my knowledge. I agree to provide, if requested, any other documentation necessary to verify such information. I authorize the educational institution to release to TSAC or to its agents any information requested by such persons pertinent to this scholarship (i.e., enrollment status, academic grades achieved, etc.). I affirm that any funds obtained as a result of this application will be used solely for the expenses related to attendance at a Tennessee educational institution. I further understand that I will be eligible to receive the scholarship for more than one year, if I maintain at least a 3.2 college grade point average as a full-time student.

SIGNATURE OF APPLICANT

DATE SIGNED

CERTIFICATION BY HIGH SCHOOL OFFICIAL

I have reviewed the foregoing completed application. I certify, to the best of my knowledge, that all information on this application is accurate and complete.

SIGNATURE OF HIGH SCHOOL COUNSELOR

DATE SIGNED

PRINT NAME OF HIGH SCHOOL COUNSELOR

() _____
HIGH SCHOOL PHONE NUMBER

TITLE

Use the following codes to identify your leadership position in each extracurricular activity.

P – President

S – Secretary

C – Captain

CH – Chair

E – Editor

V – Vice President

T – Treasurer

CC – Co-Captain

CCH – Co-Chair

EC – Co-Editor

Extracurricular Activity	Freshman	Sophomore	Junior	Senior
Student Body				
Class Officer				
School Clubs: List All				
Other School Activities: List All				
Community Organizations: List All				
Church Organizations: List All				
Eagle Scout: Check Year				
Gold Award (Girl Scout): Check Year				
Sports: List Sport and C or CC in Year				
Other: List Activity and Leadership				